Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: North Georgia Technical Institute
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): none
Address of Service Provider: Hwy 197 North, P.O. Box 65, Clarkesville, Georgia 30523
Name of Agent Designated to Receive Notification of Claimed Infringement: Janet K. Ivester
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): Hwy 197 North, P.O. Box 65
Clarkesville, Georgia 30523
Telephone Number of Designated Agent: 706 754-7721
Facsimile Number of Designated Agent: 706 754-7779
Email Address of Designated Agent: jivester@clarkes.tec.ga.us
Signature of Officer or Representative of the Designating Service Provider: Date:
Typed or Printed Name and Title: Janet K. Ivester

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.



RECEIVED

MAR 2 1999

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